



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 9059

<b>SERIAL NUMBER</b> 09/405,046	<b>FILING OR 371(c) DATE</b> 09/27/1999 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1618	<b>ATTORNEY DOCKET NO.</b> A-58634-6 468081-16
------------------------------------	---	---------------------	-------------------------------	---

**APPLICANTS**

THOMAS MEADE, WILMETTE, IL;  
 SCOTT FRASER, LA CANADA, CA;  
 RUSSELL JACOBS, PASADENA, CA;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 09/134,072 08/13/1998 PAT 5,980,862  
 which is a CIP of 08/971,855 11/17/1997 ABN  
 which claims benefit of 60/063,328 10/27/1997  
 and is a CIP of 08/486,968 06/07/1995 PAT 5,707,605  
 which is a CIP of 08/460,511 06/02/1995 ABN  
 and said 08/971,855 11/17/1997  
 is a CON of PCT/US96/08548 06/03/1996  
 which is a CIP of 08/460,511 06/02/1995 ABN  
 and is a CIP of 08/486,968 06/07/1995 PAT 5,707,605

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

10/18/1999

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: <u>[Signature]</u> Initials: <u>          </u>	<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 18	<b>TOTAL CLAIMS</b> 11	<b>INDEPENDENT CLAIMS</b> 10
--	---	-------------------------------	-----------------------------	---------------------------	---------------------------------

**ADDRESS**

67374

**TITLE**

MAGNETIC RESONANCE IMAGING AGENTS FOR THE DETECTION OF PHYSIOLOGICAL AGENTS

<b>FILING FEE RECEIVED</b> 1100	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
------------------------------------	---	---